Foster Family Home - Corrective Action Report

Provider ID:

1-190081

Home Name:

Jesica Hinojosa, CNA

Review ID:

1-190081-3

1705 Maliu Street

Reviewer:

Julie Hastings

Honolulu

HI 96819

Begin Date:

6/10/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection completed for a 2 person CCFFH recertification.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 6/24/2020.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)

8.(a)(2)

HHM#1, #2, #3, #4, #5, #6 Have no APS/CAN/Fingerprint or e-Crim, CG#4 has no Fingerprint or e-crim on file. CG#1 APS/CAN/Fingerprint lapsed. Was done on 6/3/19. Was due on or before 6/3/20. No current APS/CAN/Fingerprint. CG#1 has no current e-Crim

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1)

General;

Comment:

51.(a)(1)CG#2 not on Liability insurance

Compliance Manager

Primary Care Giver

Date

Date

/

6/11/2020 1:30 AM

Page 1 of 1

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report

CCFFH Name: Jesica Hinojosa CCFFH Address: 1705 Maliu St, Honolulu, H1 96819

Rule Number Corrective Action Taken	lulu, H1 96819
8.(a)(1) HHM#1.#12 # 2 # 2	Date Corrected Prevention Strategy
how has APS/CAN Finger- binder. Ecrim in	7/8/20
CG# 4 now has	1/8/20 Firger prints & T
corrected cannot be	Crim. Calendar
print and erger now in binder	before texpiration
	had All care givers will be
	in liability insurance wy in one month of hire.
Primary Caregiver's Signature:	
tint Non Tot	

Primary Caregiver's Signature:	
Print Name: JESICA HINOTOSA	lingon
DOSIGH HANDIDSA	
	Date of Signature: 7/8/20